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PROGRAMME DEVELOPMENT IN THE EASTERN AND SOUTHERN AFRICA REGION

SUMMARY

The present document reports on and analyses major new trends and developments of UNICEF programme cooperation in the Eastern and Southern Africa region during 1993.

The UNICEF regional office has responsibility for UNICEF cooperation in the following countries: Angola, Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Sao Tome and Principe, Seychelles, Somalia, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

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I. REGIONAL OVERVIEW

1. Political developments in the Eastern and Southern Africa region were generally positive in 1993. Several countries, including Malawi and the United Republic of Tanzania, continued to make progress towards multiparty systems. Lesotho and Madagascar held general elections in which peaceful transfers of power took place. Multiparty local government elections were held in Namibia and Zambia. In Rwanda, a peace accord was signed between the Government and rebel forces, and a broad-based transitional Government was installed at the end of 1993, with plans to hold elections within two years. In Mozambique, the peace accord reached in 1992 between the Government and the Resistencia Nacional Moçambicana (RENAMO) was gradually consolidated, and multiparty elections are scheduled for late 1994. Although troop demobilization was delayed, hundreds of thousands of civilians were able to return to their homes and fields from urban and refugee settlements. UNICEF, in collaboration with other agencies, provided large-scale support for the resettlement of displaced people in both Mozambique and Rwanda. Ethiopia maintained its stability and undertook large-scale military demobilization and substantial decentralization of its State administration. Meanwhile, following the May 1993 referendum, Eritrea gained independence and established a provisional Government.

2. In contrast, some countries in the region continued to experience strife and instability, which caused widespread civilian deaths. Most dramatic was the continuing conflict in Angola. The direct and indirect casualties of the fighting that engulfed much of the country in 1993 are certain to run into hundreds of thousands of children and adults killed by warfare, disease and malnutrition. Countless others have been maimed, orphaned or traumatized psychologically and socially. A military coup d'état in Burundi in October 1993 ended a brief period of democratic rule following mid-year elections. Hundreds of thousands of civilians fled to neighbouring Rwanda, the United Republic of Tanzania and Zaire, and widespread massacres were reported. Meanwhile, the huge number of child deaths witnessed in 1992 in Somalia gradually abated as the 1992-1993 relief effort took hold. A degree of security returned to most of the country, facilitating a partial recovery of food production. However, the capital, Mogadishu, was caught in the grip of prolonged conflict and destabilization, which greatly impaired the ability of UNICEF to assist civilians, especially in the absence of any civilian authority. The main negotiating parties in South Africa reached agreement on transitional arrangements, which should lead to the country's first non-racial elections, as well as to a set of guiding principles for a Constitution to be written thereafter. However, levels of politically related violence continued to rise, raising fears about the prospects for free and fair elections. As a result of the instability in southern Sudan, tens of thousands of newly displaced people took refuge in Uganda, while in Kenya, thousands were displaced and many killed in inter-ethnic violence.

3. Climatic conditions were generally favourable. Most of southern Africa received good rains, following one of the worst seasons of the century. This, together with measures to support recovery by smallholder farmers, permitted a doubling of cereal output in the 10 countries members of the Southern African

Development Community (formerly known as the Southern African Development Coordination Conference (SADCC)). However, large structural food-aid needs remained in Angola and Mozambique as a result of past and present conflict. There were growing fears of drought in parts of east Africa by late 1993, including Kenya, and Ethiopia estimated that 3 million of its people were in need of food assistance as a result.

4. Following a year of economic stagnation in 1992, overall trends in the region suggested a significant recovery in 1993. The good agricultural performance in southern Africa, together with improved security conditions in Mozambique and much of Somalia, as well as greater political stability in Ethiopia and Madagascar, were among the positive factors in 1993. However, overall economic output in 1993-1994 will probably only just keep pace with population growth.

5. The region continued to perform poorly on the United Nations Development Programme (UNDP) Human Development Index, with only 4 countries appearing in the medium human development category and 8 ranking among the bottom 25 in the world, according to the 1993 Human Development Report. When this index is combined with population, it is evident that human deprivation persists on a large scale in several countries in the region, particularly Ethiopia.

6. By late 1993, almost all countries in the region had produced final or substantive draft national programmes of action for children, indicating their commitment to national goals for children and human development priorities. UNICEF field offices and the Eastern and Southern Africa Regional Office were gradually able to shift their focus from support to countries in the formulation of national programmes of action to support for implementation, monitoring, resource mobilization and improvement of costing. Moves towards the decentralization of national programmes of action, through adaption at municipal, regional or district levels, commenced in several countries, including Botswana, Namibia, Uganda and the United Republic of Tanzania, and are expected in Ethiopia.

7. Supported by the Consensus of Dakar, a number of Governments in the region have been undertaking a significant restructuring of national budgets to give higher priority to social and human development priorities. In Ethiopia, Namibia, South Africa, Uganda and elsewhere, this restructuring has gone together with a reduction of real spending on defence and security. Specific commitments to increased social or human development allocations in public spending have been made in a number of national programmes of action and country policy framework papers. This has been matched by a discernible shift in sector priorities towards these areas by the World Bank and some bilateral donors. For example, in its 1993 financial year, roughly one quarter of the World Bank's lending approvals for countries in the Eastern and Southern Africa region were for human development priority areas.

8. However, the economies of several countries in the region remain highly aid-dependent at a time when total net financial flows to sub-Saharan Africa are falling in real terms. The region's international terms of trade show no signs

of significant or sustained recovery. Debt-servicing obligations continue to cut deeply into the export earnings of many countries in the region.

9. In addition to these persistently damaging trends, and potentially the most serious, is the growing impact on the health and productive capacity of the region caused by the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) epidemic. An independent analysis for the World Bank of one country in the region suggests a reduction of average real growth of up to 1 per cent per year resulting from the impact of HIV/AIDS on labour productivity and the diversion of savings to medical expenses. UNICEF country programming in the region is giving greater prominence to AIDS prevention and control measures, particularly among the youth, in cooperation with the World Health Organization (WHO) and a wide range of non-governmental organizations (NGOs).

II. CONVENTION ON THE RIGHTS OF THE CHILD

10. Of the 23 countries in the region, only 7 have not yet ratified the Convention on the Rights of the Child. Of these, the Comoros, Eritrea, Mozambique, South Africa and Swaziland have signed the Convention, Somalia is affected by a complex emergency, and Botswana has yet to sign. In a number of countries, UNICEF has begun to assist national agencies in monitoring and reporting on implementation of the Convention. However, national capacity for the protection and promotion of the rights of the child is generally in the early stages of development and strategies will need to be formulated. A range of collaborative efforts with respect to the Convention are anticipated with the Organization of African Unity (OAU), following the 1992 International Conference on Assistance to African Children held in Dakar, in conjunction with regional NGOs.

III. MID-DECADE GOALS

11. In 1993, most countries in the region produced work plans for the attainment of the mid-decade goals. Subsequently, a regional work plan was produced, focusing on technical and operational support to the country plans, and was then refined through feasibility analysis and assessment of ongoing regional support to countries for the achievement of the goals. A June 1993 review discussed a number of key issues specific to the region with respect to the feasibility of the mid-decade goals. It was clear that account needed to be taken of the likely short- and medium-term impact of HIV/AIDS on infant and maternal mortality and other goals of the World Summit for Children. However, it was felt that this did not detract from the importance and feasibility of the mid-decade goals. The ethical aspects of advice on breast-feeding were noted, especially as regards the breast-feeding of children born to HIV-infected mothers, in view of reported transmission rates of up to 50 per cent. A few countries are supporting logistical systems that facilitate condom distribution and activities in this field are expected to expand in the region.

12. The review considered the mid-decade goals related to immunization to be feasible for most countries in the region. However, funding is becoming a significant problem for several countries, including Ethiopia, where coverage

rates fell to as low as 13 per cent as a result of the political upheaval of recent years. Malaria control is an additional area where goals have been established by several countries. East Africa has taken a lead in conducting trials and promoting the use of impregnated bednets and cloths, which may be a cost-effective approach at the household level.

IV. EXPERIENCE WITH THE APPLICATION OF RECENT EXECUTIVE BOARD POLICIES

13. All countries in the region preparing full programmes for consideration by the Executive Board are now including integrated monitoring and evaluation plans. These plans are based on a review of the programme activities in each sector. Each activity that can be monitored is included in a list that provides the basis for the integrated plan. A number of other countries in the region are also seeking to strengthen the monitoring and evaluation functions in the country programme. By late 1993, some 25 evaluation summaries had been prepared by UNICEF field offices in the region, some covering surveys or studies as well as evaluations.

14. The mix of country programme strategies among service delivery, capacity-building and empowerment is now being considered explicitly by countries preparing new programmes, with the encouragement of the regional office. Several countries are also undertaking structured analyses of their cooperation activities in terms of these categories. The balance of strategic approaches generally appears to be shifting towards capacity-building and empowerment.

15. The role of sentinel site monitoring systems is expanding in the region. The new country programme in Ethiopia is expected to rely significantly on information gathered through these means. The speed with which information becomes available through the sentinel site monitoring system facilitates the adaptation of sectoral programme strategies to reach programme goals throughout the programme implementation phase, as in the cases of Mozambique and Zimbabwe. More conventional data systems are also improving, albeit gradually, and a project has been initiated with the United Nations Department for Economic and Social Information and Policy Analysis to improve information in four countries in the region.

16. Field offices in the region are continuing to address family planning issues, using a holistic approach, through the safe motherhood initiative, the baby-friendly hospital initiative and HIV/AIDS prevention and control programmes. There has been a high level of inter-agency collaboration in these areas between UNICEF, the United Nations Population Fund (UNFPA), WHO, bilateral donors and NGOs.

17. Major problems that remain in this area include the very wide gap between the knowledge and practice of modern contraception; the low socio-economic status of women and girls; increasing levels of teenage sexual activity and pregnancies in the context of an explosive HIV/AIDS situation and the need to take into account religious and cultural views; and the limited involvement of men in family planning. Studies are being conducted on ways of integrating family planning with the expanded programme on immunization (EPI) in Rwanda and

on appropriate combinations of activities for different target groups in Lesotho. Innovative school-based programmes have been started on the promotion of healthy lifestyles and family health education in Botswana, Kenya, Uganda and Zimbabwe.

18. With respect to specific concerns raised at the regular session of the 1993 Executive Board concerning the feasibility of the new Rwanda country programme, annual reviews of programme progress will be held with the Government in the last quarter of each year. An additional review and assessment will be held jointly with the new broad-based transitional Government in March 1994, in advance of the second regular session of the 1994 Executive Board. The prospects for a lasting political settlement improved during 1993, although the emergency situation continued, compounded by the influx of refugees from Burundi and a delay in the arrival of the rains. UNICEF will continue to promote an adaptive approach to programme implementation that will take full account of changing conditions, within the framework of the country programme. The national programme of action will be the subject of regular review and adaption, including with respect to resource availability, in Rwanda, as elsewhere in the region.

V. COOPERATION WITH REGIONAL INSTITUTIONS

19. In many priority areas of intervention, UNICEF has, through its country and regional offices, continued to increase its collaboration with African institutions at both national and international levels. These organizations, which include research, training, management, advocacy and academic bodies, are a resource both for UNICEF programme cooperation and for national counterparts in programme implementation. For example, collaboration was begun in recent years and will be continued in 1994 with the Eastern and Southern Africa Management Institute on the Bamako Initiative; with the United Nations Economic Commission for Africa (ECA) on the monitoring of goals for children, leading to the preparation of an atlas of the African child; with the Southern African Development Community on drought response and emergency preparedness; with the African Council for Communication Education on the introduction of child survival, protection and development issues in journalist training; and with a range of agencies carrying out analyses and advocacy on the rights of women and children, protection and peace promotion, including ECA, OAU, the African Network for Prevention and Protection against Child Abuse and Neglect, the African Women's Network, the All-Africa Conference of Churches, the scouts and girl guides movements and the Inter-Africa Group. The latter also has worked closely with the Eastern and Southern Africa Regional Office on the analysis of emergency and rehabilitation issues in the Horn of Africa. Additional links will be sought in 1994 with regional groups such as the Southern African Development Community and the Eastern and Southern African Preferential Trade Area on issues involved with salt iodization, and with academic institutions and schools of journalism in the region on training related to child survival. In 1992-1993, UNICEF began the practice of providing training opportunities for staff from regional institutions in UNICEF workshops and of training UNICEF staff in regional institutions and this practice will be expanded.

20. Cooperation with other United Nations agencies in countries in the region is becoming more closely defined in the context of assisting Governments to prepare their country strategy notes. In addition, cooperation is being pursued in specific areas, notably, with UNDP and the World Bank on human development issues; with UNFPA on family planning; with the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP) and the International Fund for Agricultural Development (IFAD) on nutrition and household food security issues; and with WHO on a range of issues, including AIDS prevention and control and health system decentralization. Coordination with WHO continues to be strengthened through the annual meeting of UNICEF and WHO regional directors in Africa.

VI. REGIONAL OFFICE SUPPORT TO FIELD OFFICES

21. During 1993, the Eastern and Southern Africa Regional Office provided about 1,000 work-days of direct professional and technical advisory support to UNICEF field offices in the region, over twice the country-level support provided in 1992. Of this, some 70 per cent was in support of programme development, implementation, monitoring and evaluation, including assistance for the development and planning of national programmes of action, in order to address the mid-decade goals. The remaining 30 per cent was in support of field office operations, including personnel, management, supply and information resource management. In the allocation of Professional staff time at the Regional Office, priority was given to support of countries preparing programmes for the 1994 Executive Board, which received about one half the total time, as well as countries with large child populations and poor human development indicators, such as Ethiopia, and to the new programmes in the process of being established in South Africa and Eritrea. Support was provided to field offices in certain specialized areas, including sanitation planning, security assessments and mainstreaming of gender issues in programme planning, through contractual services managed and supported by the Eastern and Southern Africa Regional Office. The Regional Office also assisted the UNICEF field office in Somalia by conducting a full review of the country programme, including an analysis of the socio-political context and causes of the emergency in Somalia.

22. The Eastern and Southern Africa Regional Office provided strong support to the development of staff capacity in key areas of the region, under the guidance of the Regional Training Committee. Training workshops held in 1993 for field office staff in the region covered subjects such as programme process, costs and financing for children, information resource management for managers, emergency management and addressing the psycho-social needs of children, especially in emergency situations. The Regional Office also provided operational support to the follow-up of field office audits, information resource management systems establishment, procurement, supplies and logistics. Two inter-country workshops on the implementation of national programmes of action were organized for national officials with regional resource persons.

23. Regional networking activities continued to be strong, with facilitation by field office representatives and the Regional Office, through a combination of meetings, often jointly with Governments and other agencies, as well as information exchanges and circulation of research findings. Multicountry

studies were undertaken on household food security, drought management and nutritional interventions in emergencies. The Regional Office and field offices initiated collaborative studies in areas such as the impact of structural adjustment on access to basic education and the scope for budgetary restructuring in favour of human development.

VII. TRENDS AND PROSPECTS FOR UNICEF COLLABORATION IN THE REGION

24. Achieving the mid-decade goals for children in the region is likely to be feasible for most countries, but the prospects for the goals of the World Summit for Children are less clear. Recent data indicate that infant and maternal mortality rates, which had been decreasing, are now beginning to rise, with the spread of HIV/AIDS, malaria and other diseases related to weakened public health conditions. Increasingly, UNICEF will focus its health support on strengthening health care delivery systems, with an emphasis on community participation and cost-effective, affordable services, as part of overall health system reforms; maintaining the high coverage and quality of EPI while targeting low coverage and improving disease surveillance; reducing maternal and perinatal complications and death through the safe motherhood initiative and the baby-friendly hospital initiative; and prevention and control efforts in the areas of malaria and AIDS. Efforts to prevent and control AIDS will be particularly targeted through educational efforts for behavioural change and support to community coping mechanisms. Complementary to HIV/AIDS education efforts with young people, project innovations, especially in Zimbabwe, have enlisted the participation of sex workers and trained them as trainers in both communications and means of protection. Such efforts, in cooperation with the business community as well as health workers, may point the way to addressing certain high-risk groups and reducing cases of sexually transmitted diseases.

25. In 1994, the Eastern and Southern Africa Regional Office will increase its advisory support to countries aiming at the eradication of dracunculiasis (guinea-worm disease), and will promote opportunities for strengthening overall public health through the establishment of sustainable integrated surveillance systems, with focus at the community level. The expected decline of the incidence of polio in several southern African countries will be monitored and verified during 1994-1995 and used as a means of mobilizing additional countries in the region towards this goal.

26. For water supply and environmental sanitation, UNICEF will support efforts to reach the World Summit goals, with particular emphasis in countries where the service gaps are widest and institutional capacities weakest. The promotion of hygiene behavioural change related to water use and excreta disposal, the development of more effective communication and advocacy activities and the encouragement of local participation in financing and managing improvements in the areas of water supply and environmental sanitation will be central to these efforts. The achievement of global goals in sanitation will likely be among the most difficult for the region to attain. In 1993, the Regional Office took initiatives to make consulting services in this area available to several countries, including Eritrea, Ethiopia, Madagascar and Uganda.

27. The potential for achieving universal iodization of processed salt in the region is high and will be pursued vigorously at the national level and through coordinated inter-country initiatives with the support of the Regional Office. Significant reduction of vitamin A deficiencies may also be achievable, including through the EPI-plus strategy, but will require greater policy efforts and availability of resources. Iron-deficiency anaemia presents a major challenge and remains an underlying factor for the very high rates of maternal mortality in the region. Protein-energy malnutrition remains high, and while the halving of severe protein-energy malnutrition may be achievable, including through the intensification of community-based child survival and development programmes, chronic malnutrition, which reflects widespread household food insecurity, will be susceptible to overall economic factors. Efforts to promote basic education for all, with particular emphasis on girls, are likely to contribute to improved child nutrition over the medium term. UNICEF will focus support on efforts to reduce gender disparities in basic education, particularly through preventing girls from dropping out of school, as well as by helping children make the transition from home to school, and improving the information base for basic education planning.

28. Given the widespread armed conflicts of recent years and the continuing rise in violence, particularly in South Africa, greater emphasis will be given to promoting the implementation of the Convention on the Rights of the Child, understanding and addressing the psycho-social effects of conflicts on children, and the dissemination of experience with measures to assist them in normalization and recovery. Similar and growing priority will apply to street children and those orphaned because of AIDS. Interventions to support improved disaster preparedness at national and local levels and to reduce vulnerability to emergencies, including among women, will also form a significant part of UNICEF programmes in the region. Meanwhile, advocacy and analysis will be continued on broader issues of human development, including budgetary restructuring to support basic services, debt reduction initiatives and poverty-conscious economic reform policies. National programmes of action and country strategy notes will continue to provide frameworks for national and inter-agency collaboration in addressing these issues, with UNICEF participation. It is expected that increasing consideration will be given to national programmes of action in the World Bank-led consultative group meetings of countries in the region, as was the case in 1993.

29. The emergence of South Africa from several decades of political isolation as a result of apartheid is expected to provide major new opportunities for technical cooperation, regional supply procurement, fund-raising and professional interaction within the region. Great potential exists for mutually beneficial interchange of experience in health, education, food security and other fields between South Africa and other countries in the region. UNICEF maintained a full-time staff presence in South Africa during 1993, under agreement with the Office of the United Nations High Commissioner for Refugees (UNHCR), and supported the development of the first situation analysis of South Africa's children, which was completed and released to coincide with the celebration of the Day of the African Child, held in Johannesburg. These and other activities have helped to lay the basis for accelerating the UNICEF programme of cooperation in South Africa in 1994 under an expected non-racial Government.

30. In 1994, in addition to inter-country and regional-level initiatives, the Eastern and Southern Africa Regional Office will continue to give priority technical advisory support to offices preparing new country programmes, as well as to new UNICEF offices in the region and offices requiring particular support in programme development and implementation to support the achievement of the mid-decade goals.

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SUMMARY

The present document reports on and analyses major new trends and developments of UNICEF programme cooperation in the West and Central Africa region during 1993.

The UNICEF regional office has responsibility for UNICEF cooperation in the following countries: Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo and Zaire.

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I. THE REGIONAL CONTEXT

1. Sub-Saharan Africa's population of 550 million people is growing at a rate of 3 per cent annually, a rate not matched by its economic growth. According to the United Nations Development Programme (UNDP) Human Development Report, most countries in the region, with the exception of Gabon, belong in the category of least developed countries. Several countries are in a state of bankruptcy, with public expenditures, including salaries of civil servants, no longer assured. All countries are currently operating under structural adjustment programmes, which have put considerable pressure on social sector budgets; several of these adjustment programmes have been in place for more than 10 years. At times, the reform process has slowed down, at least in part because of the political situation, itself a result of the social cost of adjustment.

2. The burden of external debt is one of the most serious constraints to development in the region. For the 23 countries in the region, outstanding debt reached $95 billion in 1991, a large part of which is owed to multilateral institutions. Debt service as a percentage of export earnings has reached dangerous levels for most countries. Of the 23 countries, 15 are eligible for the World Bank's Special Programme of Assistance for heavily indebted low-income countries. The number of people living below the poverty level in the region is increasing. Although reliable data are scarce, it is known that the phenomenon of children in especially difficult circumstances is increasing rapidly as a result of adverse economic conditions, civil conflicts and rapid growth and impoverishment of urban centres.

3. In several countries, including Benin, Cameroon, Côte d'Ivoire, Niger and Senegal, the ban on staff recruitment within the public sector and almost non-existent job creation in the private sector have resulted in ever-increasing numbers of unemployed young professionals in urban areas, many of whom turn to the informal sector as a means of subsistence. Unemployment problems are compounded by triple-digit inflation in countries such as Zaire.

4. The overvaluation of the CFA franc (franc of the Communauté financière africaine), the common currency in one half of the countries of the region, stimulated a parallel currency exchange market which in turn fuelled a transborder parallel commodity trade, the main beneficiaries of which were not the poorest households. Although no comprehensive regional study has been undertaken on the effects of macroeconomic policies in the region, numerous factors, such as the increase in female-headed households, the increasing number of households depending on the informal sector for their income, an increase in the number of street children and a reduction in family income, all indicate that for the majority of the people the quality of life is deteriorating rapidly. Another factor is the reduction of household purchasing power and its effects on the ability of households to pay for basic health and education services, as in Benin, Chad and Nigeria.

5. Eighteen of the 23 countries supported by the West and Central Africa Regional Office are now in some way affected by an emergency or other kind of political instability, social tension or ethnic violence, which could rapidly become an emergency. Chad, Liberia, Sierra Leone, Togo and Zaire are in

critical states of emergency; thousands of Togolese have fled to neighbouring Ghana and Benin; there has been renewed violence in Kinshasa, with the UNICEF office looted and non-essential United Nations staff evacuated; and until recently there was continued conflict in Liberia. However, an apparently serious peace process is now under way in Liberia, which could lead to the return of thousands of refugees from Côte d'Ivoire, Guinea and Sierra Leone. In view of the growing number of emergencies, the President of Burkina Faso recently launched the African Humanitarian Initiative, which is designed to extend mutual assistance among affected countries.

6. In countries affected by emergencies, UNICEF programmes strive first to maintain and consolidate the gains of past programmes, and then to attempt to build upon such gains when conditions have improved.

7. In spite of crisis and unrest, the process of democratization has continued in the region. Although the presidential elections in Nigeria were widely accepted as free and fair, they were annulled and power was transferred to a transitional civil Government. Niger elected an economist as its first democratically elected president. In the Central African Republic, the incumbent President was soundly defeated. In Chad, the National Conference elected a Prime Minister to lead a transitional government. Senegal's President Diouf was re-elected. In Togo, however, opposition candidates boycotted the presidential election, which resulted in an almost unanimous vote for the incumbent.

8. Although the macroeconomic and political situations in the region present a difficult environment for the achievement of the mid-decade goals, several recent developments have given rise to expectations that substantial additional resources may yet be mobilized. The World Bank is committed increasingly to poverty alleviation programmes. The African Development Bank (ADB) has committed itself to allocating 25 per cent of its lending portfolio to social programmes. Following debt relief and rescheduling packages for a number of countries, external aid flows to sub-Saharan Africa became positive again in 1992. Certain countries, through the process of preparing national programmes of action, have acknowledged a need to reduce military expenditures and generally realign budgets in favour of social programmes. Several countries with the potential for private-sector fund-raising have been identified.

II. PROGRAMME ANALYSIS

A. Health

9. In the region, infant, under-five and maternal mortality rates are among the highest in the world. Measles and neonatal tetanus have been replaced by malaria, acute respiratory infections (ARI) and diarrhoea as the main causes of infant and under-five mortality in most countries, but the death toll from measles and neonatal tetanus still remains significant, especially in emergency situations where immunization activities have been interrupted as, for example, in Liberia in 1992-1993. In addition, malaria case management is increasingly being hampered by drug resistance and the mortality rate caused by acquired immunodeficiency syndrome (AIDS) is rising rapidly. The main causes of maternal

mortality are obstetric complications such as obstructed labour, bleeding, infections and eclampsia, which can be treated effectively at well-functioning health centres and district hospitals.

10. The significant immunization gains achieved in the 1980s have not been entirely sustained. In fact, immunization coverage levels have slipped in several countries since the 1991 evaluations that showed a regional average of 50 per cent for three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine, three doses of polio vaccine and measles vaccine. Seven countries in the region can be considered to have achieved the universal child immunization objective. Similarly, seven countries already had coverage rates for two doses of tetanus toxoid (TT2) of greater than or equal to 80 per cent. Average DPT3 coverage in the region currently stands at a disappointing 35 per cent, with drop-out rates still unacceptably high, while TT2 coverage stands at around 50 per cent. However, in countries where the expanded programme on immunization (EPI) is integrated fully into operational district health systems, coverage remains high and stable, while in countries where EPI has been a focus of the Bamako Initiative, such as Benin and Guinea, EPI coverage continues to increase.

11. According to World Health Organization (WHO) data, the region now has the highest oral rehydration therapy (ORT) use rates of all UNICEF regions, at over 60 per cent. However, the variability of definitions used for ORT and the low reliability of many data sources in the region make this interpretation hazardous.

12. The main response to the constraints of sustaining recent health-sector gains has been the promotion and adoption of the Bamako Initiative approach of focusing on a "minimum health package" and strengthening health service delivery mechanisms. Access to a minimum health package has reached 12 per cent, with over 4,000 health centres (out of 24,000) in 18 countries offering integrated minimum care packages under the principles of the Bamako Initiative. In Mali, Nigeria and Zaire, micro-planning at the district level has been carried out on a large scale. In Benin, Cameroon, Guinea, Guinea-Bissau and Senegal, over 500 health centres are monitoring their coverage twice a year, involving district health staff and communities.

B. Nutrition

13. Research results from Ghana suggest a 20 per cent reduction in the under-five mortality rate attributable to vitamin A supplementation. The Ghana experience could constitute an important mobilization tool for the elimination of vitamin A deficiency in the region.

14. Although for many countries no precise epidemiological data are yet available on prevalence and geographic distribution, it is becoming increasingly clear that all Sahelian countries, the northern parts of West African coastal countries and selected parts of Central Africa are affected at least by subclinical vitamin A deficiency, making these target areas for vitamin A supplementation. To date, this supplementation is being implemented only in demonstration and research projects.

15. Iodine deficiency disorders (IDD) affect Burkina Faso, Cameroon, the Central African Republic, Côte d'Ivoire, Ghana, Guinea, Guinea-Bissau, Mali, Nigeria, Senegal, Sierra Leone and Zaire. Ghana and Senegal are two major salt producing countries in West Africa, and Mali has large rock salt reserves and, therefore, the potential to become a major salt producing and exporting country. Over the past decade, the widespread effects of IDD on the mental and physical development of children have been increasingly recognized. Even though salt iodization is a very cost-effective strategy for eliminating IDD, at present very little of the salt produced or imported to the region is iodized effectively. However, countries such as Cameroon and Nigeria have passed relevant legislation and an increasing proportion of their salt is iodized.

16. Data from the region indicate that in most countries over 90 per cent of infants start breast-feeding and around 70 per cent are breast-fed up to 24 months of age. However, the key problem that has been identified is non-exclusive breast-feeding, linked to traditional habits of giving additional water to babies, and to the early provision of supplementary foods.

17. Some 30 hospitals have been declared baby-friendly to date, with another 170 in the process of becoming so. Countries such as Côte d'Ivoire and Cameroon have prepared plans to make all hospitals baby-friendly by 1994, with many other countries preparing similar plans.

18. A critical number of Baby-friendly Hospital Initiative trainers/ facilitators have been trained in virtually all countries in the region through a series of regional workshops, and all but two Governments have actually stopped or at least promised to stop providing free supplies of breast-milk substitutes to health facilities.

19. In many countries, national codes are being developed for the commercialization and distribution of breast-milk substitutes. Regulations to stop the free or low-cost distribution of breast-milk substitutes at hospitals and health facilities have been developed with the active participation of Governments and producers, with regulations having been passed in all countries of the region except Senegal. However, during the recent mission visit of a UNICEF team to Senegal, the Minister of Health agreed to examine whether a problem of free distribution exists, and if so, to pass appropriate regulations against it.

20. Regional data indicate moderate to severe malnutrition rates, ranging from 20 to 40 per cent in most countries.

21. An analysis of the causes of malnutrition, using the UNICEF nutrition framework, confirms that in many areas health status and insufficient coverage by essential child health services, as well as inadequate caring capacity and practices at the household level, play as substantive a role as precarious household food security.

22. The key to tackling the priority health and nutrition problems of the region would appear to be a combination of strengthening health service delivery and knowledge of beliefs and behaviour at the individual household level. Such

knowledge would not only optimize actions on the service delivery side, but would also enhance communication and health/hygiene education activities.

C. Dracunculiasis (guinea worm disease)

23. Benin, Burkina Faso and Mali are among the countries that have included strategies to eradicate dracunculiasis in their work plans for achieving the mid-decade goals. The strategies involved include epidemiological surveillance, targeting of water supply, hygiene education, filtering of water at household and community levels, treatment of traditional water sources with Temephos (a chemical treatment that kills the cyclops), the development of alternative water sources such as rainwater harvesting and better integration with primary health care (PHC) and water supply.

24. Dracunculiasis eradication is not an end in itself, but should be a means to strengthen other aspects of PHC in order to provide sustainable follow-up benefits to the endemic countries. These benefits include both regional and community-based surveillance systems, networks of village health workers (VHWs), supervision systems, increased health education capacity and links with other sectors.

25. As an example, safe water supply is a strategic intervention, particularly in highly endemic villages. Targeting of water supplies to endemic villages has played a key role in controlling the disease in India; a reduction in dracunculiasis has been elected as an indicator of the effectiveness in UNICEF-supported projects in Benin, India, Mali and elsewhere. It is no coincidence that the focal point for the eradication of dracunculiasis in a UNICEF field office is usually a water supply and environmental sanitation programme officer, even when the Government's Ministry of Health is primarily responsible for the programme.

26. Schoolchildren also have a key role to play in spreading the health education message, and the resources of the education sector have been mobilized for dracunculiasis eradication in a number of countries, notably Ghana and Nigeria. Similarly, the health education capacity developed through VHWs can also serve other sectors. For example, in Côte d'Ivoire, the village workers trained for dracunculiasis eradication are members of the village water committee and are also trained to pass on messages related to hand-pump maintenance and domestic hygiene.

D. Education

27. Sub-Saharan Africa, and more specifically West and Central Africa, has the highest illiteracy and the weakest school enrolment rates. In most countries, a substantial part of public expenditure for education has been devoted to teachers' salaries and to maintaining expensive institutions of higher education. The situation was aggravated with the widespread economic downturn in the 1980s, which resulted in drastic cuts in education budgets in most countries.

28. Illiteracy rates vary greatly in the region, from 29 per cent in Cape Verde to 89 per cent in the Niger. Gender disparities in primary school enrolment show young girls to be at a disadvantage in most countries. The quality of primary education remains very poor in general and is part of the reason for drop-out rates of 70 per cent before completion of the fifth grade. Despite such a gloomy scenario, recently there has been progress, with the increase of enrolment rates in the Congo, Ghana, Nigeria and Senegal; the reduction of unit costs in Ghana and Nigeria; and the implementation of policies to produce and distribute teaching manuals in Burkina Faso and Ghana.

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PROGRAMME DEVELOPMENT IN THE AMERICAS AND CARIBBEAN REGION

SUMMARY

The present document reports on and analyses major new trends and developments in UNICEF programme cooperation in the Americas and Caribbean region during 1993.

The UNICEF regional office has responsibility for cooperation in the following countries and territories: Anguilla, Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia, Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay and Venezuela.

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I. THE REGIONAL CONTEXT

1. It is estimated that there are 192 million persons living in absolute poverty in Latin America and the Caribbean. This represents an increase of over 80 million in the last two decades and accounts for 46 per cent of the total population. Although the incidence of poverty is greater in rural areas, where 60 per cent of the people are poor, the vast majority of poor (115 million) are in urban areas. The economic adjustments made during the 1980s, which placed more emphasis on spending cuts than on increases in public revenues, produced massive lay-offs, lower wages for public employees and a reduction in public investment. Likewise, informal sector employment and underemployment increased, as did labour instability and partial employment. A World Bank study covering nine countries found that per capita expenditure on health, education and social security fell in all countries.

2. Despite the economic crisis, there have been improvements over the last 30 years in reducing child mortality, increasing life expectancy, providing schooling for children and young people and increasing literacy rates and access to water supply and sanitation. This resulted from several factors: a higher level of education of women; a drop in the fertility rate; a higher level of urbanization; and the more widespread use of immunization, oral rehydration therapy (ORT) and breast-feeding. Yet, cutbacks in economic and social investment have had a serious impact on the quality of social services. A growing percentage of young persons neither study nor work. Women have joined the labour force under discriminatory conditions and, in most cases, female heads of household are plagued by high unemployment and low wages. These circumstances frequently include processes that accelerate environmental degradation. Growing urban and international migration and increased delinquency, particularly in urban areas, are common.

II. CONVENTION ON THE RIGHTS OF THE CHILD

3. All the Latin American and Caribbean countries, with the exception of Antigua and Barbuda and Haiti, have ratified the Convention on the Rights of the Child and have created a mechanism to incorporate the principles of the Convention into national legislation, including national programmes of action, to enhance respect for the rights of children. The main impact of the Convention can be measured in terms of the adoption of its principles into the design and formulation of child welfare policies and programmes.

III. DECADE GOALS AND STRATEGIES

4. The most recent estimates show that in order to achieve the mid-decade goals, Bolivia, Brazil, Guatemala, Haiti, Nicaragua and Panama must reduce their infant and under-five mortality rates at a much faster pace than in the past decade. Persistent high-to-moderate infant and under-five mortality rates are caused by the cumulative effects of malnutrition; poor access to health services, safe drinking water and sanitation; poor quality of education; and growing poverty. During a meeting held at Santa Fe de Bogota, Colombia, in April 1993, it was concluded that to achieve the mid-decade goals it was

necessary to improve the quality of services, enhance the mobilization of financial resources and strengthen the technical capacity of local governments. Once basic survival is assured for the most vulnerable groups, the issue of income and resource redistribution will be crucial to continued progress. Significant investment in health and education will be needed to achieve further gains in quality of life and, thus, in productivity and economic growth.

A. Health and nutrition

5. With respect to the expanded programme on immunization, at an inter-ministerial meeting 37 health ministers from Latin America, the Caribbean, Asia and Africa analysed the immunization programme of Mexico in promoting social mobilization, as well as the use of ORT and the control of acute respiratory infections as a complement to ongoing efforts to improve basic health services at the country level. The modernization of health systems in Argentina, Chile, Colombia and the Dominican Republic - supported by the United Nations Development Programme (UNDP), the Inter-American Development Bank (IDB) and the World Bank - will enhance sustainability and progress made in achievement of the goals.

6. It is considered feasible in almost every country of the region to reduce the incidence of neonatal tetanus and eradicate measles. All countries, with the exception of Bolivia, Ecuador, Haiti, Paraguay, Uruguay and Venezuela, have conducted measles vaccination campaigns for children between nine months and 14 years of age. Since the last case of poliomyelitis was reported on 5 September 1991, in Peru, most countries have eradicated the disease.

7. With respect to vitamin A deficiency, all countries of the region carried out campaigns providing megadosages of the needed vitamin. The incidence of blindness and other symptoms of vitamin A deficiency is decreasing in El Salvador, Guatemala, Honduras, Mexico and Panama. Sugar is being fortified in Chile, Guatemala, Honduras and El Salvador, and a flour fortification strategy has been adopted in Venezuela. Argentina, Chile, Costa Rica, Jamaica and Uruguay have virtually eliminated the commercialization of non-iodized salt, and Bolivia, Colombia, Ecuador, Guyana, Paraguay and Venezuela will achieve that goal by 1994. The Andean region has highly successful, well-designed and efficient programmes to eliminate iodine deficiency disorders. However, additional efforts are required in Guatemala, Haiti and Peru where infrastructures and support have declined since the 1970s. Twenty countries, including Brazil and Mexico, have problems with goitre. An interregional, ministerial-level meeting, to be convened by the President of Ecuador and sponsored by the Pan American Health Organization (PAHO) and UNICEF, will take place at Quito in April 1994 to share experiences and define a plan of action to achieve universal salt iodization.

8. Good ORT coverage has been achieved in Chile, Costa Rica, Cuba, Jamaica, Mexico, Uruguay and Venezuela; in Mexico, the rate of coverage rose from 30 to 84 per cent in three years and is expected to reach 90 per cent by 1995. The greatest efforts are needed in Guatemala, Haiti and Peru, where additional financial resources are required. Mass awareness created by the cholera epidemic contributed greatly to improvements in diarrhoea control. It is

estimated that for each death due to cholera, 10 persons were subsequently spared death due to diarrhoea. Today, the fatality rate has dropped below 1 per cent, especially in Colombia, Ecuador, El Salvador and Peru. Local production of oral rehydration salts is on the rise, but it has yet to equal national demand and should be complemented by the use of home-made liquids.

9. The goal to end free distribution of milk substitutes at all maternity hospitals and service centres is likely to be achieved shortly in Bolivia, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, Mexico, Uruguay and the countries of Central America, with others to follow by 1995. In almost every country, legislation banning free or low-cost distribution of infant formula and milk substitutes is being promoted, and the creation of national committees to certify and monitor baby- and mother-friendly hospitals is being enccuraged.

10. Some countries have lowered the incidence of moderate and severe malnutrition by as much as 50 per cent. This is due to better health services, access to safe water supply and sanitation and education of women. Yet, the accumulated effects of skewed income distribution on the poorest means that the region has 7 million children under five years of age who are malnourished and 13 million with low height-for-age. In Cuba it is estimated that 68 per cent of the under-five mortality rate is related to malnutrition, despite excellent health and education coverage. This is evidence of the deterioration in the food supply of the country. Growth monitoring has been initiated in schools in Argentina and Chile.

B. Education

11. In spite of progress achieved in the region in access to and coverage of primary education, the lack of quality and efficiency of the primary school system remains a problem. The main obstacle to achieving the goal of universal primary education, at a cost of $2.5 billion each year, is that nearly 20 million schoolchildren repeat school years. UNICEF country programmes are providing a stronger and sharper focus on primary education. More than $1.5 million has been allocated to the region from global funds for education. Argentina, Brazil, Chile, Colombia, the Dominican Republic, Ecuador, Guatemala, Honduras and Peru are increasing attention to primary education, focusing on repetition and drop-out rates. Capacity-building to improve the design of textbooks for children and self-instructional materials is being promoted. Technical cooperation among developing countries has been supported to share country experiences, for example, the success of the New School in Colombia, an example of flexible, democratic multi-grade education. Brazil has made significant efforts to achieve universal primary education, with districts in Ceara State leading the country in coverage. Bilingual education is being instituted in Bolivia and Ecuador, and the Initiation School Centres in Honduras are also successful.

C. Water supply and sanitation

12. In order to achieve universal access to water and basic sanitation by the year 2000, water must be supplied to an additional 176 million inhabitants, and basic sanitation to an additional 221 million. Agreements to join efforts to achieve water supply and sanitation goals were made during a meeting held in Cuba in November 1992, organized by the Association of Water and Sanitation Engineers, with support from UNICEF and PAHO. UNICEF is supporting water supply and sanitation projects in Bolivia, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Peru and Suriname. During 1993, Argentina, Chile, Colombia and Cuba began to implement projects in this field.

D. Women in development

13. Important progress has been made on legislation, in research on the girl child and in gender training. The Andean Parliament has dealt with issues regarding women and the girl child during special and regular sessions and has committed itself to the recognition of women's rights. The Central American Parliament held a forum on the legal problems of women, which will have great influence on national legislation. The Network of Governmental Women's Bureaux gained special importance when it was recognized by the Economic Commission for Latin America and the Caribbean (ECLAC) and 11 agencies of the United Nations system as the most appropriate vehicle to support ECLAC in preparation for the Fourth World Conference on Women, to be held at Beijing in 1995. Eight countries were involved in the "Research on Use of Time by Boys and Girls Aged 7-14 in the Frame of the Convention of the Rights of the Child", to be published in 1994.

IV. EMERGENCIES

14. The crisis of the past two years in Haiti has seen an immeasurable deterioration in the situation of children and other vulnerable groups. There are strong signs that the country, which in 1991 was already ranked the worst of the region in key indicators of child welfare, is today further from achieving the goals for the 1990s than it was on the day the World Summit for Children Declaration was signed.

15. Other emergencies have affected Cuba, Honduras and Nicaragua. In September, tropical storms and flooding affected northern Honduras and the Atlantic coastal area of Nicaragua. In Honduras, the number of victims was estimated at 40,000. National emergency committees, in cooperation with non-governmental organizations and United Nations agencies, distributed relief supplies to the affected population, using stocks intended for regular food supply programmes. Emergency grants allocated to both countries were insufficient to meet emergency needs and contributions are therefore still being sought.

V. COOPERATION WITH OTHER INSTITUTIONS

A. Cooperation with the United Nations

16. Agreements have been signed with various organizations. Work has begun with ECLAC on studies and regional publications on the family and on the efficiency of social investment in children, among other topics. UNICEF and the Latin American Institute for Economic and Social Planning organized the International Seminar on Children and Municipalities, held at Asuncion, to reinforce action programmes for children at the municipal level. In conjunction with the Latin American Demographic Centre, UNICEF produced a series of publications containing a database on child mortality since 1960. With the cooperation of the Regional Employment Programme for Latin America and the Caribbean, work is being completed on the situation of female heads of household and girls in the labour market (specifically those belonging to vulnerable sectors), the impact of economic and social policy on family well-being and programme proposals to protect vulnerable groups. UNICEF is also collaborating with UNDP regional projects on "Human Development and Poverty" and "Governability and Human Development", including proposals on children and democracy. The Food and Agriculture Organization of the United Nations has recently joined PAHO, the United Nations Population Fund, IDB, the United States Agency for International Development and UNICEF in the Inter-agency Coordination Committee for monitoring the World Summit for Children.

B. Regional forums and the World Summit for Social Development

17. UNICEF provided technical and financial support to the Government of Brazil to prepare for the Third Ibero-American Summit at Salvador, Brazil, in July 1993, which resulted in the full endorsement by heads of State of the mid-decade goals. Similar assistance was supplied to the Pro-Tempore Secretariat of the Rio Group for preparation of background documentation on the World Summit for Social Development. UNICEF participated in the Conference on Development and Poverty organized by the Government of Mexico at Oaxaca, Mexico, in September 1993 in preparation for the World Summit for Social Development, where the importance of national programmes of action was discussed. UNICEF also helped ECLAC and the Government of Colombia to organize the Regional Meeting for Latin America and the Caribbean at Cartagena, Colombia, in preparation for the International Year of the Family. Work with the Central American Parliament, the Andean Parliament and the Latin American Parliament has continued with concrete programmes of cooperation, especially in the areas of legislation regarding women and dissemination of Facts for Life messages.

C. Cooperation with the Catholic Church

18. The Latin American Conference of Catholic Bishops (CELAM) has supported the Children's Pastorate Programme being implemented in 13 countries of the region. The programme has been extended to 75 per cent of the ecclesiastical districts in these countries. Approximately 200,000 trained pastoral agents work as volunteers with nearly 2 million families on topics related to children. With UNICEF assistance, CELAM prepared a module and several radio scripts featuring

concisely phrased, basic messages on child development to educate families. These modules will also be used as an input for a communication strategy to be developed in 1994 with regional communication and information networks of the Catholic Church and other Christian denominations. Contact was established with Faith and Joy, a Catholic organization that operates a number of schools throughout Latin America. Possibilities for innovative projects in the field of primary education appear to be good.

D. Mayors as defenders of children

19. The 34 mayors from the region who attended the Second World Colloquium of Mayors held at Mexico City in July 1993 are promoting the formation of a network of Latin American mayors to implement agreements reached during the conference. A group was appointed to coordinate the formation of the network and to promote local leadership and national programmes of action at the local level. This group held its first meeting in early November 1993, convened by the mayor of Quito. Recommendations were adopted calling for the design and development of municipal action programmes for children, exchange of experiences and training.

VI. EVALUATIONS

20. In response to Executive Board decision 1993/5 (E/ICEF/1993/14) on the UNICEF evaluation process, the regional office selected a sample of 33 evaluations and studies from among those sent by field offices. Seven project evaluations were also analysed. Four sectoral reports on evaluation practices for women in development, health and nutrition, urban basic services and the programme for the Andean region-Bolivia were prepared. The general conclusion was that although important progress had been achieved with respect to evaluation activities, certain deficiencies persisted. Precise policies have yet to be established outlining methodology, schedule, responsibilities, mechanisms and potential uses. The lack of standardization in the 40 evaluations is a clear indication that criteria on general orientation are still lacking. Moreover, general indicators must be established to measure project processes and their impact.

21. In an effort to support initiatives to monitor country progress in the implementation of the mid-decade goals, the regional office has been promoting (a) the establishment of regional networks for horizontal cooperation on monitoring and evaluation, financing of national programmes of action and decentralization of national programmes of action and social policies; and (b) a regional training workshop, to be held in March, to deal with monitoring, financing and decentralization issues, which will be followed by a second national programme of action evaluation meeting of ministers, to be convened by the President of Colombia. Preparations are being made for a study on nutrition trends in the region, which will make it possible to identify the main nutritional deficiencies and necessary areas of intervention. Furthermore, a study on the impact of the use of iron pots on the prevalence of anaemia will contribute to the introduction of a simple and cost-efficient means of reducing iron deficiency in the region. A study on the "myths" about child labour will enable the regional office to contribute to defining policies and strategies for

working children, a priority established by the Committee for Monitoring the Implementation of the Convention on the Rights of the Child chaired by UNICEF.

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PROGRAMME DEVELOPMENT IN THE EAST ASIA AND PACIFIC REGION

SUMMARY

The present document reports on and analyses major new trends and developments of UNICEF programme cooperation in the East Asia and Pacific region during 1993.

The UNICEF regional office has responsibilities for UNICEF cooperation in the following countries and territories: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Hong Kong, Indonesia, Lao People's Democractic Republic, Malaysia, Mongolia, Myanmar, Papua New Guinea, Philippines, Republic of Korea, Singapore, Thailand, Viet Nam and the countries in the Pacific region (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu).

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I. REGIONAL OVERVIEW

1. Despite the favourable economic climate in most countries of the region, a large number of children of poor families are still living below the poverty line. However, in 1993, the economies of six countries in East Asia - China, Indonesia, Malaysia, the Republic of Korea, Singapore and Thailand - continued their spectacular growth, with rates between 7 and 13 per cent. Former socialist countries, Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam, whose economies were in transition to market-oriented systems, recorded much lower economic growth rates.

2. In East Asia, increasing prosperity lifted many people out of absolute poverty. However, the number of households below the poverty line fell by only 1 per cent while the population grew by more than 2 per cent. Indicators of life expectancy, infant mortality and school enrolment improved in 1993 in almost all East Asian countries. To accelerate this trend, the Economic and Social Commission for Asia and the Pacific (ESCAP), United Nations agencies and UNICEF collaborated in several inter-agency task forces to support strategies for social development in the region which focused on poverty reduction, popular participation and improved access to basic social services, including greater emphasis on preventive as opposed to curative measures for health, basic education, water supply and sanitation.

3. Governments in all countries of the region remained stable during the reporting period. Indonesia elected a new parliament and re-elected its President; Thailand's democratic coalition remains in power, although challenged by a very active opposition; the Philippines is moving rapidly towards concluding peace agreements with rebel groups; Malaysia saw a peaceful transition of leadership of its ruling party; a new democratic Government and first civilian chief executive were elected in the Republic of Korea; Cambodians, assisted by the United Nations Transitional Authority in Cambodia (UNTAC), held elections, approved a new constitution, selected national leaders and saw the successful conclusion of UNTAC activities; and new Governments have been formed in the Lao People's Democratic Republic, Mongolia and Viet Nam, with a new, younger leadership.

II. CONVENTION ON THE RIGHTS OF THE CHILD AND DECADE GOALS AND STRATEGIES

A. Convention on the Rights of the Child

4. Throughout the year UNICEF had dialogues with Governments and non-governmental organizations (NGOs) on the Convention on the Rights of the Child, which produced significant political and community support and encouraging developments regarding ratification. The Federated States of Fiji, the Marshall Islands, Micronesia, Papua New Guinea and Vanuatu became States Parties in 1993. Of the 29 countries in the region, Brunei Darussalam, Malaysia, Singapore and 12 Pacific island countries have yet to ratify the Convention. Viet Nam's first country monitoring report on the Convention was well received by the Committee on the Rights of the Child. Indonesia and the

Philippines also submitted national reports. In Bangkok, the Asia-Pacific Regional Preparatory Meeting on the World Conference on Human Rights unanimously adopted a resolution on child rights that was incorporated in the "Bangkok Human Rights Declaration". UNICEF assisted in discussions on the drafting of the Cambodian Constitution, resulting in an article obliging the Government to "protect the rights of the child as stipulated in the Convention on the Rights of the Child, in particular, the right to life, education, protection in the time of war and against economic or sexual exploitation". To institutionalize democracy in the war-shattered country following the conclusion of UNTAC activities, an Institute of Human Rights was established. In the Philippines, a Centre for Child Rights was established at the Philippines Human Rights Commission. The regional office facilitated the first mission to Asia of the Committee on the Rights of the Child. In Bangkok, the Committee had the opportunity to meet, among others, NGOs and the media. The Committee undertook field visits to the Philippines, northern Thailand and Viet Nam to witness, first hand, the situation of children in the region. Child Rights ASIANET, supported by the regional office, is a regional NGO formed to increase information exchange, advocacy and training. It held the first meeting of its Regional Advisory Council, comprising eminent persons from China, Indonesia and the Republic of Korea, in August. During the year, ASIANET conducted two training programmes on monitoring and reporting of compliance with the terms of the Convention on the Rights of the Child for government officials and NGOs responsible for child rights.

5. As a follow-up to the Association of South-East Asian Nations (ASEAN) Summit Declaration in 1992, an ASEAN Plan of Action for Children was initiated and adopted by the ministers responsible for social welfare and development. Children's desk officers were designated in all member States, Brunei Darussalam, Indonesia, Malaysia, the Philippines, Singapore and Thailand to oversee the Plan's implementation.

B. Decade goals and strategies

6. The mid-decade goals received unprecedented support in the region from leaders of 17 Governments who met in Manila in September for a ministerial consultation. The "Manila Consensus" was adopted, which pledged support to work towards a "20/20" budget framework in support of social development, sustain universal child immunization (UCI), promote universal iodization of salt, make all hospitals including private facilities baby friendly, and pursue actively universal ratification of the Convention on the Rights of the Child.

7. Nine countries are expected to lead the region in achieving most of the mid-decade goals: China, Indonesia, the Democratic People's Republic of Korea, Malaysia, Mongolia, the Philippines, the Republic of Korea, Thailand and Viet Nam, which together represent over 90 per cent of the region's child population. The state of the mid-decade goals in the East Asia and Pacific region is as follows:

(a) Immunization. UCI was first achieved by Singapore in 1987, followed by China and the Republic of Korea in 1988, the Democratic People's Republic of Korea and Mongolia in 1989 and Indonesia, Malaysia, the Philippines, Thailand

and Viet Nam in 1990. All of those countries, except Mongolia, have been able to sustain UCI. Myanmar had a national coverage of 69 per cent, while Cambodia and the Lao People's Democratic Republic were still at 33 per cent national coverage. With the organization of national immunization days in the Lao People's Democratic Republic, Myanmar, the Philippines and Viet Nam, the number of unvaccinated children in the region will decrease dramatically in the near future;

(b) Neonatal tetanus. Three countries - the Republic of Korea, Mongolia and Papua New Guinea - reported no cases, while the disease is virtually disappearing in the Democratic People's Republic of Korea, Malaysia and Thailand. However, it is estimated that more than 100,000 cases of neonatal tetanus still occur in China every year;

(c) Measles. On the whole, morbidity and mortality from measles is on the decline in many countries of the region, and attempts have been made to include measles - along with poliomyelitis - as one of the antigens to be administered during national immunization days. The Democratic People's Republic of Korea and Malaysia reported no deaths from measles, while deaths from measles were still reported in China and the Philippines;

(d) Poliomyelitis. The eradication of poliomyelitis by the year 2000 appears to be an achievable goal in many countries of the region. No cases were reported in the Democratic People's Republic of Korea, Papua New Guinea and the Republic of Korea, whereas fewer than 10 cases were reported in Malaysia, Mongolia and the Philippines. Indonesia and Viet Nam still reported more than 100 cases and China more than 1,000 cases annually;

(e) Vitamin A deficiency. China, Indonesia, Malaysia and Thailand are approaching the goal of eliminating vitamin A deficiency, while the remaining countries of the region can achieve this only with concerted effort. Vitamin A deficiency does not appear to be a serious health problem in the Democratic People's Republic of Korea, Mongolia, Papua New Guinea or the Republic of Korea;

(f) Iodization of salt. About 400 million persons in the region are at risk of developing iodine deficiency disorders. With the exception of Malaysia, all countries are producing their own salt for consumption. In countries other than the Democratic People's Republic of Korea, iodized salt is produced by a number of organizations, including government-owned and private enterprises, which complicates monitoring the iodization process. Efforts are being made to legalize salt iodization in many countries in the region;

(g) Use of oral rehydration therapy (ORT). ORT has been accepted as the most effective way of reducing deaths due to diarrhoeal diseases. However, in some countries, usage is still below 40 per cent. With the introduction of the new concept of ORT by the World Health Organization (WHO), the administration of any fluid plus continued feeding during diarrhoea, more energetic efforts will be needed so that the ORT use rate will reach 80 per cent or more in the countries of the region;

(h) Baby-Friendly Hospital Initiative. With the acceleration of this programme in most countries of the region, the goals of the initiative can be achieved by 1995, with few exceptions. However, the complete cessation of free or low-cost supplies of infant formula to hospitals and maternity facilities remains a challenge;

(i) Malnutrition. On average, 26 per cent of children in the region are severely or moderately malnourished. Higher percentages prevail in some countries. Unlike UCI, the impact of reduced malnutrition may not be seen in the short term. Thailand managed virtually to eliminate third-degree malnutrition, largely due to a high rate of economic growth during the last three decades;

(j) Basic education. An average enrolment rate of 60 to 70 per cent was reported in the region. The completion rates of primary education were almost universal in the Democratic People's Republic of Korea, Malaysia, the Republic of Korea and Singapore. Other countries in the region continue to face drop-out and retention problems, resulting in too few children reaching grade five;

(k) Water supply and sanitation. In five countries - the Democratic People's Republic of Korea, the Philippines, the Republic of Korea, Singapore and Thailand - more than 80 per cent of the population have access to safe drinking water. The Democratic People's Republic of Korea, the Republic of Korea, Singapore and Thailand have achieved more than 90 per cent access to sanitary means of excreta disposal;

(l) Human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS). For the Asian region as a whole, WHO estimated that over 1 million persons have been infected with HIV, the majority in Thailand (450,000) and Myanmar (150,000). The prevailing risk behaviour that promotes the spread of HIV is present in virtually all countries of the region. All countries have included in their medium-term plans the prevention and control of HIV/AIDS. The main regional strategy is directed towards reducing risk behaviour through intensive information, education and communication and social mobilization efforts.

III. PROGRAMME PROGRESS AND TRENDS

A. Cooperation with regional institutions

8. Strategies for regional cooperation include regional networking, experience exchange and cooperation with regional institutions. These efforts have resulted in an increased policy emphasis among Governments and United Nations and donor agencies on the integration of children's issues into the broader framework of regional socio-economic development goals and strategies. Key activities include participation in inter-agency task forces, meetings of experts and country and agency consultations on poverty alleviation, social statistics and the development of indicators to monitor social change and women in development efforts. Cooperation with the United Nations Educational, Scientific and Cultural Organization on Education for All, and with WHO on

Health for All, reinforced the UNICEF agenda for the mid-decade goals and the goals for children and development for the 1990s.

9. At regional and country levels, UNICEF and the United Nations Population Fund collaborated on the training and development of social indicators for Viet Nam, including joint missions to carry out an assessment and identify the measures needed to strengthen national capacity in monitoring social goals. Two seminars on primary health care (PHC) were organized in cooperation with the ASEAN Institute for Health Development and the Aga Khan Foundation. In Thailand, a research project on double fortification of salt with iodine and iron is in progress in cooperation with Bangkok's Siriraj Hospital.

10. Joint activities for information and experience exchange on street children were undertaken with CHILDHOPE, a regional NGO; on child labour, with Child Workers of Asia; on the use of sample surveys to generate information on children in especially difficult circumstances, with Social Weather Station; and on assistance to countries in the implementation and monitoring of the Convention on the Rights of the Child, with ASIANET.

B. Application of recent Executive Board policies

Use of global funds

11. Global funds were used by the regional and country offices primarily to accelerate programmes to achieve the mid-decade goals. UCI-related activities, including supplies for the expanded programme on immunization in some countries, still dominate the use of global funds, followed by other health and nutrition activities, education, water supply, sanitation and social mobilization. At the regional level, global funds were used to provide country offices with advisory services on basic education. Funds also were used for the preparation of guidelines on goal monitoring, training for social indicators and on two country case studies on national monitoring systems in Indonesia and Thailand. Regional funds were used for advocacy and mobilization with ASIANET, ASEAN and similar regional networks, including inter-agency forums on mid-decade goals and monitoring of social goals.

Multi-donor evaluation

12. All countries in the region considered the findings of the multi-donor evaluation, summarized in E/ICEF/1993/CRP.7, useful and timely. China, Mongolia and Thailand reviewed evaluation implications for new programme development. Cambodia, Myanmar and Viet Nam reviewed the evaluation findings in their mid-term country reviews. These will serve as inputs to strategy discussions for new country programme preparation. Indonesia (an Asian case study for the multi-donor evaluation) undertook major steps to sharpen its focus of current programmes towards capacity-building, community empowerment and service delivery strategies in areas of five provinces. This was carried out with other reassessments, including the gender dimension, programme cost-effectiveness and collaboration with NGOs. The Government of the Philippines evaluated the third country programme of cooperation just completed in the context of the multi-donor evaluation.

Country programme and project evaluation

13. A trend towards an increasing number of country-level programme evaluations has become evident, as shown in the table below:

Year	1987	1988	1989	1990	1991	1992	Total
Evaluations	37	39	38	44	65	76	299
Studies	3	4	14	76	104	93	294

14. There is a tendency towards impact analysis rather than service coverage or process assessment. Information exchange between countries in the region and between regions has been improved considerably due to the installation of CD-ROM facilities in the regional office.

15. The wide range of lessons learned from the evaluations include the impact of HIV/AIDS on shaping the new Thailand country programme; the effectiveness of female volunteer workers in raising PHC and maternal and child health, especially among Muslim communities in Thailand; the shifting of non-formal education from literacy and income generation to a purely literacy-focused intervention model in Indonesia; and the evaluation of breast-feeding in the Republic of Korea, which led to the use of hospitals as focal points for banning misleading advertisements on infant formula.

C. Regional office support to country programmes

16. In support of country-level planning and advocacy for the mid-decade goals, the regional office, together with the Manila country office and the Government of the Philippines, organized a ministerial consultation with the theme, "Achieving the mid-decade goals". Seventeen national delegations, headed by senior cabinet ministers, committed the region to the achievement of the mid-decade goals by 1995.

17. The regional office also provided a range of technical advisory and programme support and management services to country offices in the region, including country programme preparation support to countries submitting proposals to the 1994 Executive Board (Mongolia and Thailand). In Mongolia, UNICEF assisted in finalizing and publishing the Mongolian national programme of action, which was launched by the President of Mongolia in May 1993. The regional office organized study visits and training programmes for selected countries in the areas of health, nutrition, basic education, cost-analysis, health planning, information, social goals monitoring and the development of indicators and monitoring of the Convention on the Rights of the Child.

18. The regional office provided a broad range of advisory and operational support services to country offices in the areas of personnel management, administrative and financial systems and procedures and support for supply operations and training for global procurement valued at over $7 million.

D. Trends and prospects

19. The regional office's framework for its priority agenda for children hinged on two vital global United Nations instruments: the Declaration and Plan of Action of the World Summit for Children and the Convention on the Rights of the Child. The concrete implementation of the two initiatives in the region has proceeded at a fast pace since 1990. Viet Nam has offered to host the 1995 follow-up to the 1993 Manila Ministerial Consultation. In the meantime, various information, education and communication materials on the two initiatives have been published, together with the outcomes of a number of regional meetings and thematic studies to strengthen goal monitoring for the progress of children in the region.

20. The main challenges are: (a) the achievement of the mid-decade goals for the survival, protection and development of children in the 1990s, which directly support the country-level implementation and monitoring of national programmes of action already in progress; (b) increasing compliance and monitoring of the Convention on the Rights of the Child; and (c) substantive contribution to the international and regional dialogue leading to three vital conferences - the World Summit for Social Development (Copenhagen, 1995, with a regional preparatory meeting in Manila in October 1994), the International Conference on Population and Development (Cairo, September 1994) and the Fourth World Conference on Women (Beijing, 1995, with a preparatory meeting in Jakarta in 1994).

21. The regional office will be working closely with country offices and cooperating with ESCAP and other regional United Nations agencies and institutions to support specific regional strategies in social development to promote human development and the "principle of a first call for children".

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PROGRAMME DEVELOPMENT IN THE SOUTH ASIA REGION

SUMMARY

The present document reports on and analyses major new trends and developments in UNICEF programme cooperation in the South Asia region during 1993.

The UNICEF regional office has responsibility for cooperation in the following countries: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

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I. INTRODUCTION

1. Taken together, the over 420 million children of South Asia lag behind every other regional group in the basic support they receive in areas such as nutrition and education. At the same time, public policies and organized efforts ranging from community actions to inter-country cooperation are better geared today to meet children's needs than at any previous time. There is tangible progress towards specific, time-bound goals. Increasingly, intersectoral, community-based strategies are being developed to meet those goals, a trend that should be sustained and accelerated.

2. Experience suggests that child-centred development depends on the basic context of the community in which children live. Certain minimum political, economic and social conditions need to be assured to permit children to benefit from progress towards the mid-decade and decade goals.

3. It is accepted in policy and increasingly in action that, with government, professional and voluntary support, community self-management is the most viable approach to the goals for children. The sooner existing structures and processes adapt to this overall strategy, the faster and more sustainable progress towards the goals will be. The main thrust of the UNICEF effort in South Asia in the past year has been to put that principle into practice.

II. OVERVIEW OF THE SITUATION

4. The year 1993 was not a very peaceful one for parts of South Asia. Civil strife continued in the north of Sri Lanka. In Nepal, the problem of refugees from Bhutan has remained unsolved. The return of refugees from several countries has been delayed, with some 1.5 million Afghan refugees still in Pakistan.

5. Floods took an unusually heavy toll in lives and property in Nepal. Bangladesh coped better with the annual flooding than with a major outbreak of a cholera-like disease. In India, drought in Bihar and Orissa was followed later in the year by massive destruction in Maharashtra, caused by an earthquake. Excessive rains and floods affected farm output in Pakistan for the second successive year.

6. The political situation in Pakistan stabilized with the formation of a new Government in November 1993. A political assassination, with a consequent change of President, marred the Sri Lankan scene.

7. During the year, economic growth rates in the region have ranged from modest to moderate. There are parallel trends suggesting a general increase in poverty as a consequence of economic reforms. This concern was reflected both at the country level and in the recent South Asian Association for Regional Cooperation (SAARC) summit priority to curb poverty. The question of how to harmonize planning for the poor and a market-led growth policy is an old issue once again under review. The balance of wisdom seems to lie in a transparent use of the market, decisively complemented by priority for health, education and

employment plus social organization of the poor, especially women. This would be strongly supported by revitalized democratic local government systems.

8. Peace continues to elude Afghanistan. The collapsed basic services infrastructure has yet to be repaired, poverty is virtually universal and the situation of children and women is among the worst anywhere. Meanwhile, limited programme activities, more in the nature of relief and complementing United Nations humanitarian assistance, are coordinated mainly from outside the country on a year-to-year emergency perspective.

III. CHILD RIGHTS

9. All seven SAARC countries ratified the Convention on the Rights of the Child between August 1990 and December 1992. The Convention is being used as a frame of reference by voluntary organizations and activist groups working for children, particularly on protection issues such as child labour and the exploitation of girls.

10. There has been a significant policy shift and follow-up in support of the progressive elimination of child labour, as affirmed by the 1992 Colombo Resolution of SAARC. Courts have begun to maintain that primary education is a fundamental right of every child; the challenge is to create the socio-political conditions for enjoying that right.

11. The Convention on the Rights of the Child has also spurred a revision or review of child-related legislation and corresponding structures in nearly all of the countries in the region. In addition, South Asian women's groups have called for the establishment of independent national commissions with statutory powers, reporting directly to parliaments, to oversee the rights of children and women. This signals a collective activist pressure that is likely to strengthen with time.

IV. DECADE GOALS AND STRATEGIES

12. The SAARC commitment to the mid-decade goals reaffirmed ongoing national efforts towards the global goals for the decade. Based on country reports, the regional prospect can be summarized as set forth below in paragraphs 13 through 20.

13. With sustained efforts, the expanded programme on information (EPI) coverage levels can be maintained at over 80 per cent by 1995, bringing closer the chances of achieving the goals of eliminating neonatal tetanus, eradicating polio and reducing measles. The distribution of vitamin A, linked to EPI and as part of a composite strategy that includes the promotion of natural dietary sources, is moving ahead. The universal iodization of edible salt within the next two years in all SAARC countries (except Maldives, which appears not to be in need) is within sight. Dracunculiasis (guinea worm disease), which used to affect persons in parts of India and Pakistan, is under control, with hardly any new cases.

14. Making the maternity facility in all hospitals "baby-friendly" by mid-decade should be possible in all countries, with more strategic advocacy and alliance. The universal use of home-based oral rehydration therapy (ORT) for childhood diarrhoea by 1996 may be difficult to achieve at the current pace, but not impossible given the level of knowledge and skills achieved over the past decade.

15. Family planning is an explicit SAARC concern, finding expression in the Colombo Resolution on Children, with the following specific goals for the decade: raising the minimum age of marriage for females to at least 18 years; and increasing contraceptive prevalence levels by 50 per cent over the current rate. These goals are possible to achieve, but a decisive departure from the disturbing fertility trends in most parts of South Asia depends on an interlinked approach to tackling the factors affecting the reproductive health of women and influencing women's status. Concerns related to both of those issues are being powerfully articulated by women's organizations across the region. A recent SAARC meeting on women and family health noted these considerations. Each of the member States may now be expected to affirm a set of specific goals, underpinned by strategies that blend the social and technological aspects of family health.

16. The gap in achieving the goal of universal access to safe drinking water is narrowing. Nevertheless, there are challenges to overcome, such as an unexpected lowering of the water table owing to a combination of the lack of rain and the extraction of water for irrigation. There is a need for the development and implementation of technological alternatives that are integrated with appropriate environmental planning.

17. The goals in the areas of nutrition, education and sanitation require sustained social processes and participatory mechanisms, along with a departure from centrally managed sectoral programmes. In turn, the political/administrative system should allow for progressive community management, including planning and monitoring. A "district approach" is being taken by all countries in the region. The goals for nutrition, primary education and sanitation will be achieved in some districts or sub-districts and subsequently accelerated to reach national coverage as experience is gained. Because of variations in local conditions, this district approach recommends itself equally well to the goals of child protection and safe motherhood.

18. If the same district happens to be the focus for the achievement of different goals, the positive impact on the children of that district would be greater. Yet the problem of coordination among different government ministries continues to hinder an integrated effort. The answer lies in disaggregating the process. The Colombo Resolution urges each country to form an annual action plan on major and supporting goals, divided into compact administrative units. Overall, the region is moving forward, with the formation of a strategic coalition of political, professional and popular forces at the community, country and international levels.

19. In relation to process indicators as well as impact indicators relevant to the goals for children, the monitoring function is now mainly a technocratic responsibility spread over government departments. Since social statistics are

still not central to national systems (in the way trade or money matters are), and since there is a familiar resistance to being monitored, considerable preparatory work remains to be done, involving common definitions, reliable baseline information or estimates for 1990, reporting systems and verifying mechanisms, wherever these do not exist. The South Asia Consultation on Social Statistics, in June 1992, provided an acceptable framework for action.

20. During 1993, a review of UNICEF programme monitoring facilities in each of the countries was completed by a task force and its report and recommendations have been shared for inter-country adaptation. A versatile district database system has been developed by one of the field offices in the region, drawing upon all available sources, including census sample surveys, routine administrative reports and special studies and supplemented by a district-level rapid assessment through non-governmental organizations (NGOs). The foundations of this system could be reinforced by information generated by and for the community. The system is being adapted by the other field offices in the region and is expected to be helpful to the government systems for monitoring the goals for children. The SAARC process of annual reporting on children, which began after the Conference held at New Delhi in 1986, has been revamped with the approval of the SAARC Council of Ministers. A comprehensive common format and the creation of intersectoral committees at national and regional levels to ensure the quality of the reports are the new features.

V. COOPERATION WITH REGIONAL INSTITUTIONS AND NETWORKS

21. Building on productive collaboration with SAARC, highlighted by the two SAARC conferences on children (New Delhi in 1986 and Colombo in 1992), a formal framework agreement of cooperation has been finalized with the approval of the SAARC Council of Ministers and the UNICEF Executive Director. It provides for an agreed annual agenda of joint activities, starting in 1994, supported by regional resources and complementing UNICEF cooperation at the country level.

22. There have been potentially important developments in UNICEF cooperation with regional voluntary bodies. Following a decision taken at the South Asia Consultation on the Girl Child (Maldives, March 1992), the South Asian Association for Women's Studies (a federation of seven established national bodies) was launched to relate women's studies to social action through activities planned for 1994-1995. A regional group of economists contributed to the follow-up of the SAARC summit directives on poverty reduction at consultations held at Dhaka (in collaboration with the Bangladesh Rural Advancement Committee) and in Washington, D.C. (arranged by the World Bank). Steps are being taken to assist the regional network of jurists to provide professional inputs to reduce child labour and to promote child rights. The South Asian Medical Association, which will meet shortly, is being encouraged to play a larger role in support of the goals for children. The scope for continuing the inter-religious and inter-parliamentary advocacy and action networks is being pursued.

23. During the year, in addition to regular consultations on common concerns, collaboration with other United Nations agencies at the regional level included three significant initiatives: a UNICEF/World Health Organization (WHO) staff

meeting on urban health, resulting in country-level follow-up actions; providing assistance to the United Nations Population Fund (UNFPA) regional team in support of a SAARC conference on women and family health; and interaction on poverty issues with the United Nations Development Programme (UNDP) representatives at their regional meeting.

VI. SUPPORT TO COUNTRY PROGRAMMES

24. Support to country programmes is built into an annual work plan for the region prepared jointly with the field offices. The major responses to identified needs included guidelines for community-level strategies and district planning processes for achieving the mid-decade goals; support for costing and financing the goals; regional staff training workshops on child labour, budget planning and control, library software and gender-sensitive programming; and advice on country programming and review exercises. A regional meeting on sanitation was held, resulting in a substantive review report, in addition to the annual meetings of UNICEF professional staff in education, communication, urban services, management information systems and programme planning.

25. In the field of communication, a regional pilot training course in development reporting was held. A professional network of women journalists from South Asia and the Nordic countries was arranged. A workshop on community broadcasting was conducted and a survey on television usage is nearing completion.

VII. STUDIES AND PUBLICATIONS

26. Regional research included action studies in education (in progress), a comparative study of five tribal communities in five countries (nearing completion) and research on environmental concerns in water supply and sanitation (completed, under discussion).

27. The regional publications continued, namely, Future, a development quarterly from Kathmandu, and Links, a regional newsletter, in addition to articles from South Asia for the UNICEF headquarters publications. Work is in progress on the second issue of Perspectives, a regional statistical analysis, and on recommencing Search, a documentation journal.

VIII. LESSONS OF EVALUATIONS

28. A regional review of country-level evaluations suggests the need for evaluation by the project manager, preferably concurrent with implementation and based on monitoring of both cost and performance. The findings could then be validated by external evaluation and supplemented by evaluation by the community itself.

29. In relation to the multi-donor evaluation of UNICEF (E/ICEF/1993/CRP.7), experiences from the region point to the value of viewing support for service delivery, capacity-building and community empowerment as dimensions of the same

effort, calibrated to specific situations. This reasoning is all the more valid since UNICEF support is, or ought to be, integral to community-led, government-supported programming, the preferred social strategy, as outlined above, in order for South Asia to achieve and sustain the decade goals.

IX. USE OF REGIONAL AND GLOBAL FUNDS IN 1993

30. During 1993, the South Asia Regional Office utilized $856,400 from regional funds and an additional $173,800 from global funds for education, training in communications, water supply and sanitation and environment.

31. The pattern of programme expenditure conforms to the main thrust of the regional effort as outlined in the 1993 regional annual report, i.e., to promote sustainable processes towards the decade goals for children. This aim was pursued through an annual work plan, prepared jointly with the field offices in each country, in support of the strategy of decentralized, district approaches, community/Government partnerships, professional networking, research studies and publications.

32. Specifically, activities supported by regional and global funds included: continuation of support for professional group activities; a set of regional studies on the child and education (in progress, $37,000); a comparative study of the tribal child in five communities in five countries (nearing completion, $64,000); surveillance on children in especially difficult circumstances (in progress, $10,000); and facilitation of initiatives by the newly formed seven-country South Asian Association for Women's Studies. At the invitation of the United Nations Statistical Division, a professional contribution was arranged on behalf of the region at the October 1993 meeting at Beijing, on civil registration and vital statistics, with specific relevance to educational planning.

33. Financial participation in the rural cohort study on child survival (Maharashtra, India) continued during the year ($20,000), WHO having agreed to complete the study. Support for the acute respiratory illnesses (ARI) action-research (Jumla, Nepal) was concluded ($10,000).

34. Support was provided for a United Nations University project on South Asian perspectives ($25,000) to help maintain, through independent regional networking of scholars (including the former members of the South Asian Commission on Poverty Alleviation), the momentum of the follow-up of the SAARC summit directives on poverty reduction, linked to the summit commitment to the goals for children.

Publications

35. At a total cost of $16,500, the report of the September 1992 SAARC conference on children, a report on regional statistics, a booklet on urban services and the report of the first regional meeting on sanitation were produced.

Communication activities

36. Collaboration with the headquarters feature service involved $10,000 for articles. Preparation of advocacy materials for UNICEF in the region cost $11,000. Other initiatives in communications included networking of women journalists from South Asia and the Nordic countries ($23,000), a regional workshop on community radio ($10,000) and a survey on television usage ($5,000). The regional newsletter Links and the development quarterly Future, continued to be published.

Staffing and travel

37. The staff costs charged to regional funds totalled approximately $493,300 (international staff, $455,200, and national staff, $38,100). Within this amount, the posts of the health and economic advisers were filled only towards the end of the year, in October and November, respectively. Non-staff costs for official travel amounted to $42,700.

38. The Regional Office participated in the Asia strategy meeting (Bangkok, February 1993). The shared cost amounted to $11,000.

39. The year 1993 was the second full year of operation of the reconstituted Regional Office at its new location. The needs for computer equipment and furniture were met at a cost of $19,400. Approximately $28,000 was spent during the year on books and periodicals for the regional documentation centre.

Additional global funds

40. Global funds directly received by the Regional Office were utilized to support the preparation of a journalist training manual ($29,000), a consultancy to relate water supply and sanitation programming to environmental concerns (about $17,900) and the start-up of an environmental training for programme staff ($3,460). These funds were separate from the support received from the global education fund for the post of the education adviser and from the global training fund for regional training.

41. In summary, a total of $1,030,200 from different sources was used; of this amount, $856,400 was from the Regional Fund for Programme Preparation, Promotion and Evaluation. This represents an expenditure rate of 74 per cent overall and 80 per cent of the regional/global funds available to the region for programmes. Had the posts of health adviser and economic adviser been filled earlier as scheduled, and had the external relations and operations officers not transferred in mid-tenure, the utilization rate would have been higher.

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PROGRAMME DEVELOPMENT IN THE MIDDLE EAST AND NORTH AFRICA REGION

SUMMARY

The present document reports on and analyses major new trends and developments of UNICEF programme cooperation in the Middle East and North Africa region during 1993.

The UNICEF regional office has responsibility for UNICEF cooperation in the following countries and territories: Algeria, Bahrain, Cyprus, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, Turkey, United Arab Emirates and Yemen, as well as the West Bank and Gaza.

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I. POLITICAL AND SOCIO-ECONOMIC DEVELOPMENTS AFFECTING CHILDREN

1. The highlight of 1993 in the Middle East and North Africa (MENA) region was the historic agreement signed by Israel and the Palestine Liberation Organization (PLO) on 13 September. While negotiations on the substance of the agreement are still in progress, the prospect of peace and autonomy in the occupied territories offers a unique opportunity for regional development and renewed commitment by Governments in the region to put children first on their national development agendas. The process of democratization is proceeding, exemplified by national multi-party elections in Jordan, and post-war national reconstruction is keeping a rapid pace in Lebanon, particularly in the private sector.

2. In other countries of the region, however, children face a climate of instability and uncertainty. Civil conflict continues to compound the sufferings of part of the population of Djibouti. The Israeli-PLO peace accord has not lessened violence in the West Bank and Gaza or in southern Lebanon. Unresolved political issues continue to have adverse consequences for children in Iraq, as does internal violence in Algeria. The slump in world oil prices has aggravated the economic burden of high domestic expenditures and the consequences of the 1991 Gulf War in the Gulf States and Saudi Arabia. UNICEF continues to support major emergency operations in Iraq and the Sudan. In southern Lebanon, UNICEF participated in an exemplary inter-agency emergency programme, providing resources to restore health services, water supply and environmental sanitation in public schools. Emergency assistance also was provided to flood victims in Yemen.

II. HIGHLIGHTS OF PROGRAMME, REGIONAL COOPERATION AND MANAGEMENT ISSUES

A. The decade goals: placing children first

3. Despite the climate of uncertainty in much of the region, advocacy for children continues to advance. Following the high-level ministerial meeting held in Tunis in November 1992, which adopted the Pan Arab Plan for Child Survival, Protection and Development, the League of Arab States has continued to affirm its commitment to the decade goals for children. The League is planning a high-level regional meeting in March 1994 to assess progress of member countries in achieving the mid-decade goals. In 1993, as a follow-up to the Tunis meeting, UNICEF published a series of situation analyses of the Arab, Gulf and Maghreb child. At the national level, the preparation and adoption of national programmes of action attained or approached completion in most countries of the region. The principal challenges to programme of action implementation are the difficulties encountered in accurately determining costs and in elaborating strategies for resource mobilization, whether from public, private or international sources. In response, a UNICEF team has developed a regional fund-raising strategy to mobilize financial support within the region for national programmes of action and to achieve the mid-decade goals for children. In all countries of the region, mid-decade work plans are nearing completion; a regional system will be operational in early 1994 to monitor on a

quarterly basis progress towards achievement of the goals and to highlight problems that need to be addressed in order to ensure that the goals are met.

4. Particular emphasis is being placed on subnational planning to redress regional disparities and to reach pockets of poverty and underserved groups. The rapid pace of urbanization in the region underscores the importance of addressing the needs of the urban poor. Significant disparities exist between wealthy States and the region's six poorest countries - Djibouti, Egypt, Morocco, the Sudan, the Syrian Arab Republic and Yemen - all of which have a per capita gross national product below $1,000. As these countries also face the greatest challenges in achieving the mid-decade goals, the MENA Regional Office is giving them priority attention in mobilizing technical and financial support. Existing political or economic groupings of States in the Maghreb and Gulf regions, including Yemen, are being encouraged to work together to ensure achievement of goals requiring subregional cooperation, for example, the eradication of poliomyelitis. In the Gulf States and Saudi Arabia, subregional cooperation is being promoted to ensure completion of national programmes of action and to promote ratification of the Convention on the Rights of the Child in the remaining non-signatory countries, which will complete the ratification process throughout the region.

5. UNICEF is seeking to implement the recommendations of the multi-donor evaluation with regard to capacity-building and empowerment through networking, technical exchanges and the production and dissemination of user-friendly information to assist partners in addressing the problems of children in the MENA region. The main thrust of social mobilization and advocacy networking in 1993 has been the promotion of child rights - both to achieve universal ratification of the Convention on the Rights of the Child and to support implementation of child rights strategies and activities at national and community levels. Meetings of non-governmental organizations (NGOs), professional unions and associations of Arab parliamentarians, writers, lawyers, paediatricians and others have developed action plans to promote child rights. Collaboration with the Arab States Broadcasting Union has led to the exposure of scriptwriters, directors and producers in most countries of the region to child rights issues and to the production of programmes and shorter-format broadcasts on child rights. The organization of a meeting of deans of regional law schools is under way to advance the process of alliance formation. The MENA Regional Office is forming networks of professionals to promote the "child first" concept. In the health field, a group of deans of medical and nursing schools from the region met in Jordan to consider how to refocus medical teaching and training on preventive medicine and on maternal and child health. A group of researchers, policy makers and practitioners met to analyse the changing functions and structure of the Arab family; the meeting report and accompanying Bibliography of Sources will form the basis for family-focused activities taking into account changing intra-family relationships, especially those involving the status and multiple roles of women.

6. The regional office gives high priority to putting knowledge to work for children. In addition to the publication of a number of situation analyses, thematic kits have been produced and disseminated on breast-feeding, learning for all, Facts for Life messages, children and the environment and the Convention on the Rights of the Child. The regional Infopack on the decade

goals for children has been updated and distributed, and a technical reader on the decade health goals has been disseminated throughout the region.

B. Evaluation and monitoring

7. The regional office continued to consolidate its role in strengthening the management of the evaluation function. The Data Entry Enhancement and Display System computer software package (DEEDS), developed in the region to enhance capacity to monitor national programme implementation, to track progress towards achievement of decade goals and to produce progress reports for policy makers and managers, has now been installed in government departments, NGOs and UNICEF offices throughout the region. DEEDS is being adapted by UNICEF headquarters for incorporation into the organization's global goals monitoring system. The electronic CHILDNET network is being rapidly expanded to link UNICEF partners in the MENA region, North America and Europe to network databases, to provide on-conferencing capability and to facilitate rapid information exchange and programme monitoring.

8. The Projects in Progress series has provided systematic reporting of positive experiences by collecting and disseminating evaluation and research findings. Important experience was gained through the organization of external peer review meetings in the areas of health, nutrition, control of diarrhoeal diseases (CDD) and epidemiology. Following UNICEF Executive Board decision 1993/5 (E/ICEF/1993/14), the Regional Office, in close cooperation with country offices, prepared a Regional Report on Findings and Lessons Learned, based on 20 evaluations of existing experiences and a set of evaluation/study summaries and scoring sheets. The report, by highlighting weaknesses in conceptualization of assessment processes, is a useful basis for upgrading evaluation standards in the region. A regional evaluation consultation held in November examined the report and considered how to improve the effectiveness, applicability and coordination of studies and evaluations. Particular attention was paid to improving the evaluation function at the subnational level and to the need to assess and build upon the evaluation capacities of UNICEF and the Governments of the region.

C. Learning for the twenty-first century

9. The acquisition of knowledge and skills for living continues to be the flagship sphere of activity for UNICEF in the MENA region and the method of support for educational innovation. A regional group of experts reviewed and edited a study on the promotion of girls' education, focusing on strategies to increase both access and relevance. The study is being published for dissemination to policy makers and educators throughout the region and beyond. In the first year of a three-year initiative in the field of early childhood development, innovative use is being made of videos and the mass media to empower parents and caregivers with the knowledge and skills needed to nurture and enhance their children's development in the first six years of life. Using a combination of animation and culture-specific segments, production is under way on the first two of a series of five videos, together with accompanying guidebooks for parents and community group trainers. Six countries - Iraq,

Jordan, Lebanon, Morocco, Turkey and Tunisia - are currently involved in the regional initiative. Using video modules and print materials that can be adapted for use either on television or in community-based parent education activities, the initiative is designed to reach the majority of parents in any country. By 1995, the video series and supporting products will be made available globally for adaptation and application.

10. In Jordan, a national survey of competencies in mathematics and language was carried out, forming the basis for a system to assess learning achievement throughout the country. Jordan is participating in the global United Nations Educational, Scientific and Cultural Organization/UNICEF assessment of learning achievement, in which Morocco and Tunisia also have agreed to participate. Likewise, Lebanon has expressed interest. In Jordan and Lebanon, a global education initiative is focusing on the development of a future-oriented concept of school education, which emphasizes building the self-esteem of students and promoting tolerance, conflict resolution skills, interdependent learning approaches, cooperative behaviour and critical thinking. It also seeks to develop the capacities of the teacher as a communicator and facilitator of a student-oriented, active learning approach. In 1993, three education modules, Learning to Live Together, Images of Ourselves, Images of Others and Futures, were developed by educators and teachers. Through interactive training methods, groups of teachers have been trained to use the modules, which will be field-tested in schools in Jordan and Lebanon in 1994.

11. The regional office's innovative Communication for Learning initiative recognizes the potential of the mass media as a learning medium and aims to strengthen the capacity of television to promote and support child survival, protection and development. Its aim is to make television a positive educational force. In 1993, activities included the production of quality programmes, spots and news-fillers for and about the child; the training of directors, producers and scriptwriters in improved production techniques and in child rights and on the mid-decade goals; experience exchanges between professional media networks within and outside the region; initiation of a directory of media resource persons and centres; and the compilation and dissemination of the best examples of television programming related to child growth and development, child rights, non-violence and other positive social values and attitudes.

D. Children in armed conflict

12. Bearing in mind the number of conflicts in the region, the regional programme on children - victims of armed conflict, initiated in 1993, focuses on the psycho-social needs of children traumatized by exposure to extreme violence and armed conflict. The programme seeks to redress the lack of regional networks, training opportunities and culturally appropriate resource materials in trauma psychology by supporting development initiatives and by creating prototype training materials, manuals, plans and resource books that can be tailored to meet individual country and community needs. It seeks to assist community workers and professionals in a range of disciplines and to develop the skills to help traumatized children and their parents overcome the effects of trauma. In 1993, the first meeting of a new regional network was held to

develop a plan of action. Progress has been made in developing prototype training and orientation manuals to guide pre-school teachers, schoolteachers and counsellors as well as a prototype school crisis plan designed to make the school a community resource centre in situations of emergency and of traumatic stress for children.

E. Progress towards health for all children

13. Substantial progress was made in 1993 in laying the groundwork for achievement of the mid-decade goals and goals for the year 2000. Although a few countries in the region have yet to regain 1990 immunization levels, most sustained universal child immunization achievements despite competing demands for finances and increasing costs of vaccines. There has been progress in the use of the high-risk approach in the reduction and elimination of neonatal tetanus and measles. Specific interventions were stressed, such as the Maghrebian National Immunization Days and the training or retraining of midwives to reduce the number of deaths from neonatal tetanus and reduce maternal mortality in general. Regional initiatives targeting subregional and subnational zones for the elimination of disease were advanced by the identification of poliomyelitis-free zones in the Gulf and Maghreb countries. The zones are expected to encompass eventually the entire Arabian Peninsula and the Maghreb region, a major step in reaching the goal of eradication of poliomyelitis.

14. CDD activities continues to be a central focus in most countries of the region. Corrective measures in CDD programmes included modifying the goal of oral rehydration therapy plus feeding; holding national CDD reviews; and organizing a regional peer group meeting on CDD, nutrition and epidemiology, to review the latest evaluations and studies as a basis for determining improvements in the development and management of CDD programmes. Issues of home management of diarrhoea, referral, the production, distribution and marketing of oral rehydration salts and measurement indicators to monitor progress are all addressed in mid-decade goal work plans.

15. A second regional peer review meeting focused on women's reproductive health, producing recommendations related to policy formulation and programme implementation. In response to the growing awareness and recognition of acute respiratory infections (ARI) as a major killer of children under five years of age, many countries have initiated ARI control programmes, of which 10 are already operational, including national plans of action, adherence to standards and appropriate case management. Five other countries are in the planning stages of an ARI control programme. Control of iodine deficiency disorders (IDD) throughout the region has been advanced by the adoption of universal salt iodization as the principal strategy. All countries in the region participated in a regional IDD consultation and a few flagship countries developed extensive control programmes. National participation in the International Conference on Nutrition led to the development of national commitments to end micronutrient deficiencies by 1995, especially of vitamin A, and to reduce iron deficiency anaemia by the end of the decade.

16. The Baby-Friendly Hospital Initiative is proceeding well, the major challenge being certification of private sector hospitals. There are now baby-friendly hospitals in almost every country in the region. Most countries have passed legislation banning the distribution of free and low-cost infant formula. The importance and value of breast-feeding is being integrated into the curricula of medical schools, with a regional effort to make medical education more sensitive to the needs of women and children. At mid-year, UNICEF health officers were brought together for a briefing on technical issues related to decade goals in the health sector.

F. Coordination and management issues

17. In the implementation of General Assembly resolution 47/199 (22 December 1992) concerning field coordination, the Syrian Arab Republic became the first country in the region to institute an inter-agency plan to complete a country strategy note by early 1994. In all other countries in the region, United Nations agencies have reviewed programme cycles with government counterparts. Timetables for the harmonization of agency and government programme cycles have been proposed for each country.

18. A recent UNICEF internal audit of MENA country offices highlighted the need to improve management practices and internal control procedures. The regional office has instituted a regional audit committee to review and follow up on audit recommendations and to ensure compliance by UNICEF offices. The regional office, Office of Internal Audit and Staff Development and Training Section have embarked on a joint venture to produce a management training package for representatives which will form the basis for a regional training workshop for heads of offices in 1994.